

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

Pat Book 16/16/05

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>5/10/05</u>		2 Serial/Patent # <u>10/524716</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED								
<input checked="" type="checkbox"/>	Filing Fee Change		\$ 100.00								
<input type="checkbox"/>	Amendment		\$								
<input type="checkbox"/>	Extension of Time		\$								
<input type="checkbox"/>	Notice of Appeal/Appeal		\$								
<input type="checkbox"/>	Petition		\$								
<input type="checkbox"/>	Issue		\$								
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$								
<input type="checkbox"/>	Maintenance		\$								
<input type="checkbox"/>	Assignment		\$								
<input type="checkbox"/>	Other		\$								
		7 TOTAL AMOUNT OF REFUND	\$ 100.00								
		8 TO BE REFUNDED BY: CC									
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
<input type="checkbox"/>	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>									
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140 ext. 231</u>									
OFFICE: <u>DO/EO</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

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